

WELFARE-TO-WORK
Expenditure Report

Reporting Organization			Grant No.	Year of Appropriation	Amount of Appropriation
Address			Report for Month Ending		Ledger Number Dept. Use Only
City	State	Zip			

Other Cost Breakout

Federal Technology Computer Expense

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	Administration	Program Costs	Total
Monthly Total Expenditures			
Total Obligation			
Cumulative To Date			
Balance			

Hard to Employ--Cumulative

70%

30%

Matching Funds—Cumulative

State Matching Funds—Cash	
Local Matching Funds—Cash	
Local Match—In-Kind	

Program Income—Cumulative

Earned	Spent

I hereby certify that all information shows is in accord with the official accounting records of this organization and that amounts of invoices do not exceed the lower of (1) the contract prices, or (2) the maximum levels established in accordance with the Welfare-to-Work Regulations.

Signed: _____

Name: _____

Title: _____

Date: _____